stated EXACTLY.

AGE should be

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

PHYSICIANS should state

of OCCUPA.

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(31)
County St. Marys	Registration Dist. No. 287
Village or City Hollighand	NoSt.,Ward
Length of residence in city or town where death occurred 68_yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Susan Rebeca	abell
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX • 4. COLOR OR RACE OR DIVORCED (write the work	Tel- 2 1935
5a. If marriad, widowed, or divorced	
HUSBAND OF Clexander about	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1-18-1867	I last saw h alive on ; death is said
7. AGE Years Months Days If LESS that	to have occurred on the date stated above, at 1/-102m.
68 - 15 Iday,	the tartifact CAOSE of DEATH and related causes of importance
9 Trade profession or particular	Chronic Valorilar Data of one et
SAWYER, BOOKKEEPER, etc	Hart disease 1928
9. Industry or business in which	1
SAW MILL, BANK, etc.	
Sport in this 21.4	
year)	Other Coutributory Causes of Importance:
2. BIRTHPLACE (city or town)	Interstitial Nephritis 1921
(State or country) Marykand	
13. NAME andress M. Garner	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Maryland	What test confirmed diagnosis?
15. MAIDEN NAME Laraff abell	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homlcide? Date of injury, 19
(State or country) Maryland	Where did Injury occur?
17. INFORMANT CARREST AND CONTROL OF THE CONTROL OF	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place At Johns Countrate Freb 4 , 19.	
19. UNDERTAKER Elmer Jarbog	24. Was disease or injury In any way related to occupation of deceased?
(Address) Meolakie wille ne	d If so, specify
20. FILED Feb 2 , 1935 PBe mot	(Signed) M. D.
Cocal Registra	(Address) Plant Mollos 1 Mel

B.—WRITE PL.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	and a sens	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	54. V. S.	July 5,1927	Peritonitis	3 days ago
	154)	2.		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

S. No.

N. B.--

PLACE OF DEATH	STATE OF MARYLAND
County S (Maly)	CERTIFICATE OF DEATH
	Registration Dist. No. 2. 8. 6
Village or City / (No	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Genje Washer	backer stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 /), 198.5
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	198 10 , 192 , 192); that I last saw h slive on / , 192);
7 AGE [If LESS than	and that death occurred on the date stated above, at 5 10 m.
1 day hrs.	The CAUSE OF DEATH * was as follows:
g yrs. mos. ds. or min.?	(Marie Low Westelland
(a) Trade, profession or particular kind of work	Tel fler to
particular kind of work (b) General nature of industry	Chisiin la o Cardela
business, or establishment in	(Duration) 5 yrs. mos. ds.
which employed or (employer)	Contributory Juddle
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF // Estar Bas lous	(Signed) A M D.
M II BIRTHPLACE	2 - 1921) (Address) arme Wel
OF FATHER (State or country) 12 MAIDEN NAME 7	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Thursell	THE LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Charles Edmund The	Former or usual residence
(Address) / Lu ud	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 0 11 10 10 10 10 10 10 10 10 10 10 10 1	20 UNDERTAKER ADDRESS
Filed 2 / 8 193 5 7 C O a Registrar	a. C. Welde Chapteron
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

02000

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on cough; or intercurrent) Chronic Example: Measles (disease valvular heart affection need not be etc. The contributory Nomenclature of the disease; Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE	OF DEATH	,	(87-E)
County	I mor	7/1	Registration Dist, No. 280
Village of	r City Dai	under for	CL No. St War
Langth of	realdenes in altu as town where		(If death occurred in a hospital or institution, give its NAME instead of street and number)
	101	death occurredyrsm	os. ds. How long in U. S. if of foreign birth?yrsmosd
2. FULL N	IAME 1 770	es / Seefer	man Procor
(a) Resid	lence: No.	aurod ,	Dista Ward.
DEDGE	· · · · · · · · · · · · · · · · · · ·	(Usual place of abode)	If nonresident give city or town and State
3. SEX		ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male	4. COLDR DR RACE	5. SINGLE, MARRIED, WIDDWED, DR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Vage)
5a. If marriad, wid HUSBAND of	lowed, or divorced	1	(1001)
(or) WIFE of	Mor	nd	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRT	H (month, day, and year)		I last saw h alive on the 1930 death is sai
	Years Months	Days If LESS than	to have occurred on the data stated above at 1 30 m
1	65	1 day,hr	I THE FAINCITAL CAUSE OF DEATH and related causas of importance
8. Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration from the work was dona, as the second se		7	were a follows:
		Tomer	To Doughes tight
9. Industry o	or business in which		
SAW N	was dona, as SILK MILL, MILL, BANK, etc		
- 11113 00	easad last workad at ecupation (month and	11. Total time (years) spent in this	
year) occupation		occupation	Dike Could be County
12. BIRTHPLACE (city or town) accorde one		under trel	Dither Coatributory Causes of Importance:
(Stata or c	ountry)	0	_
13. NAME 14. BIRTHPLA	Der gema	un George	
14. BIRTHPLA	CE (city or town)	Luer-	Nama of operation Date of
(State	or country)	a me	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Marea Drove 16. BIRTHPLACE (city or town) (Stata or country) 17. INFDRMANT (Address)		- Brone	23. If death was due to external causas (VIDLENCE) fill in also the following:
		dirida	Accident, suicide, or homicide? Date of injury 19
		mil	Whare did injury occur?
		13	(Specify city or town county and State)
		dester	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL		and the	Manner of injury
Place S	Pelers Cerry	Date 743 / 3 1990	
E MANIT		Dail 1	Nature of injury
19. UNDERTAKER (Address)		VEV humany	24. Was disease or injury in any way related to occupation of deceased?
(variezz)	1 1	dun rous	If so, specify 41) Luces
20. FILED	17 1944	- Dillery	(Signed) M. D
		Registrar.	(Address)

PHYSICIANS should state

stated EXACTLY.

properly classified.

VITH UNFADING INK-THIS IS A PERMANENT

AGE should so that it may

should be carefully supplied. SE OF DEATH in plain terms,

FOR BINDING

MARGIN RESERVED

of OCCUPA.

Exact statement

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	ii	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1,4-1.	701.40
County St Marys	Registration Dist. No. 287
Village or City Valley Res	NoSt., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) s(ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME John Bisere In	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIFORCED (write the word)	21. DATE OF DEATH &
Male Wack Single	(Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. A HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	test 8 1935 to Feb 9 1935
6. DATE OF BIRTH (month, day, and year) 4 8 1935	I lest sew him allve on Tet 9 1035 deeth is said
7. AGE Yeers Months Beys If LESS than	to heve occurred on the date steted above, at L. P. m.
1 dey,hrs.	the reference of follows:
8. Trade profession or particular	Data of enset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Kenow have from stomach
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed lest worked at this occupation (month and	(cause unknown) 2/8/35
10. Date decessed lest worked at this occupation (month and spent in this occupation	
1000	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town)	•
I 1 10 P	Name of available
4 14. BIRTHPLACE (city or town) Vally die (State or country)	Name of operation Date of What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Lean ette Saunden	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Jean atte Saunders 16. BIRTHPLACE (city or town). Jaly Ley State or country)	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Josephy Biococ	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	
Place St Marks Cenuly Dote Feb 10, 1935	Menner of injury Neture of injury
19. UNDERTAKER Joseph Bennett	24. Was disease or injury in any wey releted to occupation of deceased? 220
(Addiess) Valley dee hid	If so, specify
20. FILED Test 10 1935 Py Bean King	(Signed) M. D

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

LION

V. S. No. 1

infor-

County

(a) Residence: No PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5a. If married, widowad, or divorce HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars 8. Trade, profassion, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... PATI 9. Industry or business in which work was done, as SILK MILL, occus SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month end Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). mad (State or country) Was thara an autopsy2 What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?______ Date of injury______, 19_ 16. BIRTHPLACE (city or town) ... (State or country) Whare did injury occur?. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Addrass) OR REMOVAL 18. BURIAL, CREMATION Mannar of Injury Nature of injury 24. Was disease or injury in eny way ralated to occupation of decaased? 19. UNDERTAKER (Addrass) If so, specify (Signad) (Addrass) Registrar.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	URTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
------------------------	--------	------------	---------------	-----------

V. S. No. 1

EN RECORD	be stated EXACTLY, PHYSI- be properly classified. Exact ck of certificate.
WRITE IN WITH UNFADING INK-THIS IS A PERM EN RECORD	BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	m

PLACE OF DEATH County Danie are	STATE OF MARYLAND © CERTIFICATE OF DEATH
County	Registration Dist. No. 286
Village or City Maddux (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 3 , 102P 1
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h lea alive on 2 3 , 193.
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH a was a follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	of wollen
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. de. Contributory a cridula &
10 NAME OF FATHER ahalanghery	(Signed) PM V. Calvaran M. D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER wand will	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) abahan Chesh	Former or usual residence
(Address) waddy uf	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Lared Head Lared 1931
Filed 2-4- 1935 M. V. Palum Registrar	20 UN DERTAKER ADDRESS
If more bianks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Spinner, (b) Cotton should be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material mill; (a) Salesman, 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

or as probably such, if impossible to determine definitely. telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping American Medical Association.) approved by Committee on (Recommendations on statement of cause of death unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease ctc. The contributory affection need valvular heart Nomenclature Measles; not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-WRITE PL.

V. S. No. 1

STATE OF	MARYLAND-CERTIFICA	ATE O	F DEATH
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02034

1. PLACE O	F DEATH	,		159
Village or C	ity	~	yrsmos	Registration Dist. No. St., Ward feasth occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NA (a) Residen	ME		ly - Due	St., Ward.
PERSON	IAL AND STATIST	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Feb 15 , 193 (Month) (Oay) (Year)
5a. If married, widow IIUSBANO of (or) WIFE of	ved, or divorced			22. I HEREBY CERTIFY, That I attended deceesed from 19
6. DATE OF BIRTH 7. AGE Yes	(month, day, end yeer)	Days	tf LESS than 1 day, hrs. or 2 min.	I last saw h
SAWYER 9. Industry or work wa SAW MII 10. Date deceas this occu		sper	me (years) It in this pation	Other Contributory Causes of importance:
13. NAME CAN 14. BIRTHPLACE (State of	hui Jate Bud	de Cour	lick	Name of operation Oate of Whet test confirmed diagnosis? Was there an au'opsy?
	City or town) Dannie ht	uic hle Budds Budds	cul .	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMAT Place 19. UNOERTAKER	n Maley	Dete Fel	G-16,1935	Menner of injury
(Address) 20. FILED. FL	-16, 19 35° a	B. For	Survere Registrar.	(Signed) A 13. Francon Arrul fog M. (Address) Morganya File

If more blank are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. 56. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. M.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

GIN RESERVED FOR BINDING. ADDING INK—THIS IS A PERMANENT RECORD. Every ed. AGE should be stated EXACTLY. PHYSICIANS is, so that it may be properly classified. Exact statement tructions on back of certificate.	t S D	MO R	item of infor-	should state	of OCCUPA.	/		1
GIN RESERVED FOR BINDING. ADDING INK—THIS IS A PERMANENT RE ed. AGE should be stated EXACTLY. is, so that it may be properly classified. Extructions on back of certificate.	MARGIN RESERVED FOR BINDING refully supplied. AGE should be stated EXACTLY. in plain terms, so that it may be properly classified. Extant. See instructions on back of certificate.	P	CORD. Every	PHYSICIANS	act statement			2
GIN RESERVED FOR ADING INK—THIS IS A Fed. AGE should be stated is, so that it may be properly tructions on back of certifications on back of certifications on back of certifications or back of certifi	MARGIN RESERVED FOR refully supplied. AGE should be stated in plain terms, so that it may be properlant. See instructions on back of certificather Father is occupation.	BINDING	ERMANENT RE	EXACTLY.	y classified. Ex-		3. 5a	S
GIN RESEI ADING INK. ed. AGE sho is, so that it is tructions on b	MARGIN RESEIN RESEIN RETH UNFADING INK. refully supplied. AGE sho in plain terms, so that it nature. See instructions on but it. Father is noccious.	RVED FOR	THIS IS A P	uld be stated	nay be properl			
	MAR refully supplied in plain term tant. See institute THER FATHER	GIN RESEI	ADING INK-	ed. AGE sho	is, so that it n tructions on b		12.	
E PLACIA, should be ca to the control of the case of t		S. No. 1	I. B.—WRIT	mation	NO		19.	-

1. PLACE OF DEATH	157-2
County St. Many	Registration Dist. No. 2
	canolom St., Warr
Length of residence in city or town where death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Daky Evans -	
(a) Residence: No. Ordalle ma	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Set 8 1935
5a. If married, widowed, or divorced	(Month) (Oey) (Yeer)
HUSBAND ef (or) WIFE of	22. HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, dey, and year) Feb. 7- 1935	1935 to 7 8 1935 19
7. AGE Years Months Oeys If LESS than 1 day,hrs.	to have occurred on the date stated above, et. 530 Pm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
9 Trade profession or particular	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	(ansemble heart deserve ?
10. Oate deceased last worked at this occupation (month and spent in this occupation occupation	
0 9	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
	- I mont (remalue
E O O	
4 14. BIRTHPLACE (city or town) (State or country)	Neme of operation
	What test confirmed diagnosis?
E OALS OA	23. If death was due to external causes (VIOL ENCE) fill in also the following:
Stete or country)	Accident, suicide, or homicide? Date of injury, 19
B of CO	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Camas. (Address) Orbile	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hally word med Date 2 - 8 , 19 3.5	Neture of injury
10 Halpenyayen Pag Core &	
19. UNDERTAKER (Addiess)	24. Wes diseese or injury in any way releted to occupation of decessed?
35- 00000	(Signed) Claysus C. Will M.D.
20. FILEO 1975 Registrar.	(Address) Dantia md
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDIN

RESERVED

OCCUPA.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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The principal cause of death and related causes f importance were as follows: Attack of epilepsy Can over by street car Peritonitis	1 week ago
	1 week ago
Peritonitis	
	3 days ago
ther contributory causes of importance:	1 year

V. S. No. 1

N. B.--

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	formation should be	state CAUSE OF DEA	CUPATION is very in
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	ry item of information should be	Na Should state CAUSE OF DEA	fruent of OCCUPATION is very in
	ery item of information should be	ANS Should state CAUSE OF DEA	atement of OCCUPATION is very in
	Every item of information should be carefully supplied. ACE should be stated EXACTLY, P	CIANS Should state CAUSE OF DEATH in plain terms so that it may be properly classified.	statement of OCCUPATION is very important. See instructions on back of certificate.

County St. Mary 5	CERTIFICATE OF DEATH
	Registration Dist. No. 2 8
Village or City Salmes (No	St.: Ward) (If death occurred I a hospital or Institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Fel 4, 1935 (Month) 5 (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	
7 AGE If LESS that day hr day hr	78. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) y18 mos 9 de
9 BIRTHPLACE (State or country) Ina	Contributory Secondary Lead' slot (Duration) yrs
10 NAME OF FATHER Jas. A. Mossin	(Signed) Waller 13 Dant M. I.
OF FATHER (State or country)	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State of Country) (State of Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. d
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Hilliam Gars (Address) Palmero	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sacred Dicard Com Fiel 6, 19.3
Filed 2 _ J 198 D. M. V. Belliand Registral	20 UNDERTAKER Engene Hall Tyrand.
If more banks are needed, address tate Regist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No.1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; It nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, er," etc., without more precise specification as Day Inhorer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write Nonc. business. that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, ongineer, For many occupations a yrs. For persons who have no occupation without more precise specification as Day Stationary fireman, etc. (b) Automobile factory. The material single word or term on Locomotive engineer, But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Liphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenleritis	1 year

RECORD. Every item of inforshould state of OCCUPA-PHYSICIANS Exact statement stated EXACTLY. A PERMANENT properly classified. very important. See instructions on back of certificate. ITH UNFADING INK-THIS OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be CALSEOF DEATH in plain terms, so that it may be -WRITE PLANLY, m

BINDIN

FOR

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 02033
1. PLACE OF DEATH	(£).E)
County & Yraus	Registration Dist. No. 282
Village or City Jaural Grone	No. St., Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Laura augusta, Marsh	and the state of t
	A
(a) Residence: No. Auruff (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of P. A.	220 f HEREBY CERTIFY, That I attended deceased from
to read or. Man 12 14	I last saw h 2 alive on 7 et 7 1935 death is said
5. DATE OF BIRTH (month, day, and year) US 3 - /8/ 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 2.15 7.m.
1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his occupation (month and	Mulliple Actions .
TO. Date deceased last worked at this occupation (month and year)	
2. BIRTHPLACE (city or town) Mary land (State or country)	Other Contributory Causes of Importance:
13. NAME William James Layton	- Christ ingrematics
13. NAME Welliam James Fayton 14. BIRTHPLACE (city or town) Marylful (State or country)	Name of operation Date of What test confirmed diagnosis?
15. MAIDEN NAME Laura J. Mc namara.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Laura . Mc Namura . 16. BIRTHPLACE (city or town) many lave d (State or country)	Accident, suicide, or homicide?, 19, Where did Injury occur?,
7. INFORMANT MMS Mulded Fong (Address) Morgana	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Date Fet 10 , 1932	Manner of injury
19. UNDERTAKER Q. Q. Welch (Address) Chaples	24. Was disease or Injury in any way related to occupation of deceased? Mr
20. FILED 48 , 19 5/5 Carralus Registrar.	(Signed) Clary M. D. (Address) M. D.
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1915 1 wcek ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 uear

ADDITIONAL SP	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) _

Date of enset

RESERVED MARGIN

BINDIN

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Example I		Example II	133/15
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURPAU V s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02041
County Saint Mario	Registration Dist. No. 282
Village or City Leonardfown (in	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Coferent 5. Melso (a) Residence: No. Le mondtown (Usual place of abode)	,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) What What The property of the color of t	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WiFE of Helew Helson 6. DATE OF BIRTH (month, day, and year) 6 129 1873	22. I HEREBY CERTIFY, That I ettended decessed from 19 to 19 19 death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated about the Land Comment. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER. Page 18. SAWYER, BOOKKEPER, etc. Page 19. Industry or business in which work was done, as SILK MILL. Box word Jum. SAW MILL, Bank, etc. Ito Date deceased last worked et this occupation (month end yeer) spent in this occupation.	(Louis alcahalisen
12. BIRTHPLACE (city or town). Baltimine Md. (State or country)	Other Contributory Canses of importance:
14. BIRTHPLACE (city or town) Washington D. C. (State or country)	Name of operation Date of
15. MAIDEN NAME Cla Delliplane 16. BIRTHPLACE (city or town) May Land. (State or country) 17. INFORMANT Helen Melaon (Address) Leonardtown Md	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Md. 4 1935	Manner of injury
19. UNDERTAKER John My Jaylor (Address) Church police med.	24. Was disease or injury in eny way related to occupation of deceased? If so, specify
20. FILED 7 11 , 1935 Caually Registrar. If more blanks are needed, address State Revistrar.	(Signed) ST College M. D. College M. D. C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE

N. B.

	County		- ul	1		
Vill					****	
	age or City	L NAME	May	,	(No. 4	enel
	PERSON	AL AND	STATIST	CAL	PARTICI	ULARS
35	EX)	4 COLOR	OR RACE	WID	SLE, RIED, OWED, DIVORCEI te the word	auit
6 D	ATE OF BIR	гн				
		***************************************	(Month)		2 2 ₃	, 1862 (Year)
7 A	GE.	2yrs.	(mos	2 9 de	If LESS that I day hrs. or min.
bu w	Articular kind Ceneral national siness, or established to the control of the cont	ture of ind tablishment d or (emplo	lustry in			
	10 NAME OF	Teale	ut	00	inis	,
ENTS	OF FATHI	ER	un	d		
PARE	12 MAIDEN OF MOTH		rise	-13	ines	A-7
	OF MOTH (State or	ER	ma	l		
14 T	(Informant)	0	Lesa	OF M	lis	EDGE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 28-6

St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	71 , 1935
	(Day)(Year)
17 I HEREBY CERTIFY, That I att.	ended the deceased from
that I last saw h La alive on 2	10 , 193. 5,
and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	
/	
Contributory Aulturi Se	yrs. mos. 5 ds.
(Signed) (Durstion) 2 (Signed) (Address) (Address)	
*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hospit	als, Institutions, Trans-
As less laste	
Where was disease contracted, if not at place of death?	10000000000000000000000000000000000000
Former or usual residence.	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Sacurd He and	2-/3 , 1935
20 UNDERTAKER	ADDRESS
Suche Ikull	In warrful

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, worked on may form part of the second statement. Foreman, 07 For many occupations a single word or term on At Home, and children, Compositor, Architect, For persons who have no occupation (b) Stationary fireman, etc. But in many If the occupation has been changed Automobile factory. The material Salesman, Locomotive engineer, not gainfully em-6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature tetunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) (Recommendations on statement of cause of taken. State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need and (sease miles important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart The contributory disease;

Il this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDI

FOR

MARGIN RESERVED

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIAN'S should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A WITH UNFADING INK--THIS

PLACE OF DEATH
County St. way

(100)

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 286
Village or City Maddy (Notes) 2FULL NAME Downly The	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED OR DIVORCED OR DIVORCED (Write the word) 5 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH 2 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 2 1985 to
7 AGE If LESS than day hrs. or min.? B OCCUPATION (a) Trade, profession or //	and that death occurred on the date stated above, at (23) Pm. The CAUSE OF DEATH * was as follows:
particular kind of work Augustus (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	(Durstion) yrs mos 2 ds. Contributory Secondary (Durstion) yrs mos ds.
OF FATHER OF FATHER OF FATHER (State or country)	(Signed) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	IB LENGTH OF RESIDENCE (For lients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) waddow wd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2 1935 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

N. B.-

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Colton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal minc, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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Example I	EDI I	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more b.anks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary Areman, etc. But in fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Physician, whatever, write None. business that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed as Al school, or At home. Cure should be taken definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, Farm laborer, Laborer-Coul minc, etc. Wom-Compositor. and children, not gainfully em-Architect, Salesman. person, irrespective of Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Dishilherat avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pacanionia, Broachopneumonia" ("Pneumonia,")

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Exhaustion," "Heart muure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably smoide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) Chronic affection etc. The contributory valvular heart Nomenclature Always qualify all need not be disease; " etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	<u> </u>
County St Mary	Registration Dist. No. 287
Village or City California Length of residence in city or fown where deeth occurred 65 yrs.	ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3. SEX Male A. COLOR OR RACE OR DIVORCED (write the	
HUSBAND of Jusance Smith	22. I HEREBY CERTIFY That I attended deceased from 1932, 10 feb /3 , 1935 1 last sew bring elive on feb // , 1935; death is said
7. AGE Years Months Days If LES 1 day, or or or or	S fhan fo have occurred on the date stated above, at 2 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (mogh and 1932 occupation) year)	Carcinoma of Gladder 1932
12. BIRTHPLACE (city or town) (Stefe or country) Md	Other Coutributory Causes of Importence:
13. NAME Frank Smith	
14. BIRTHPLACE (cify or fown) Pearson	Name of operation Dete of
C (State or country)	What fest confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Barah Jackson 16. BIRTHPLACE (city or town) Penagen (Stafe or country) 17. INFORMANT Expert Smith (Address)	23. If death was due to exfernal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OB REMOVAL	Manner of Injury
19. UNDERTAKER Thomas Hairis (Address) Hermanulle med 20. FILED Tel 14, 1935 Officer h	24. Was disease or injury In eny way releted to occupation of deceased?

V. S. No. 1

N. B.—WRITE PLAINLY,

RECORD, Every item of infor-PHYSICIANS should state

stated EXACTLY.

properly classified.

WITH UNFADING INK-THIS IS A PERMANENT

AGE should be

EOF DEATH in plain terms, so that it may be

should be carefully supplied.

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cau of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

CAU

this occupation (month and

12. BIRTHPLACE (city or town) (State or country)

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town (State or country)

15. MAIOEN NAME

(Address)

19. UNOERTAKER (Addrass)

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 280 Village or City No. St., (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long In U.S. if of foreign birth? vrs. mos. (a) Residence: No. (Usual place of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) nomel 5a. If married, widowad, or divorced HUSBAND of ERTIFY. That I attended deceased from (or) WIFF of 6. DATE OF BIRTH (month, day, and year) Months Davs If LESS than to have occurred on the date stated above, at // Jd I dayhrs. or min. Oate of onset Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc...... 9. Ladustry or business in which work was done, as SILK MILL. SAW MILL, BANK, atc 10. Date decaased last worked at 11. Total time (years)

spent in this occupation

(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL CREMATION, OR REMOVA Mannar of Injury Nature of Injury. 24. Was disease or injury in any way related to occupation of deceased? If so, spacify (Signed) Registrar. (Addrass) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

What test confirmed diagnosis?.

Whare did Injury occur?__

23. If death was due to external causes (VIOL ENCE) fill in also the following:

Accident, suicide, or homicida?_____ Date of Injury_____ 19

----- Was there an autopsy?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. g.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH	STATE OF MARYLAND
County Stills (14)	CERTIFICATE OF DEATH
	Registration Dist. No. 2 8 6
Village or City alum (No. W. d. 2 FULL NAME Lames Thu	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 9 1985 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
molem, 1854	2- 9- 1981-10 2-119- ,1981
(Month) (Day) (Year)	that I last saw halive on, 1925_Jr
7 AGE If LESS than	and that death occurred on the date stated above, at 920 g.m.
S / yrsds. ormin.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Durstion) yrs. mos/O.ds.
which employed or (employer)	Contributory Chila al Musel
9 BIRTHPLACE (State or country)	Secondary
I 10 NAME OF	(Durstion) by yrs mos de,
FATHER MILLEUM	(Signed) M. D.
0 11 BIRTHPLACE	2-20 79235 (Address) are well
OF FATHER (State or country) 12 MAIDEN NAME	"State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER CONTRACTOR OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. Stateyrsmosds.
(State or Country)	Where was disesse contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Gelple Though	usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) allits.	Sacred (had 221-, 193)
15 Filed 2-20-1935-NV. Palux	20 UNDERTAKER ADDRESS
Filed (Registrar	a. C. Wald Chaptre
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of occupation is very important, so that the relative health-Foreman, first line will be sufficient, e. g., Farmer or Planler, siciun, Compositor, Architect, Locomotive engineer, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,");

> American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases can be ascertained as the cause. Always qualify all "Inanition," "Heart failure," Liaemorrnage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancef" is less definite; avoid (Recommendations on statement of cause of "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage Chronic valvular heart disease; Example: Measles (disease affection need etc. The contributory not be

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See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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U	0	U	0	IJ

1. PLACE OF DEATH	(Bi-m)			
County IX. Mary D	Registration Dist. No. 282			
Village or City Laural Grone	No. St Ward			
Length of residence In city or town where death occurred 55 vrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) 08ds. How long In U.S. If of foreign birth?			
2. FULL NAME Tettie (1) sight	John Cong. In Co.			
(a) Residence: No. Laural (Usual place of abode)	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Fel 105			
5a. If married, widowed, or divorced	(Month) (Day) (Year)			
(or) WIFE of Thenry Wright	22. The I HEREBY CERTIFY, Thet I attended deceased from			
6. DATE OF BIRTH (month, dey, and year) Anot Brown	1 lest saw here elive on The 9 1935 deeth is seld			
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 3.30 B.m.			
55 7 I dey,hrs	were as follows:			
8. Trede, profession, or particular kind of work done, as SPINNER,	Date of onset			
SAWYER, BOOKKEEPER, etc.	1-			
No. Hede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked et 11. Total time (yeers)	Cretial Newstrage tel!			
10. Dete deceased last worked et this occupation (month and year)	/935			
	Other Contributory Causes of importance:			
12. BIRTHPLACE (city or town) (State or country)	Charles Colonia			
13. NAME Wat brown	- waterstates			
13. NAME Was Associated as 14. BIRTHPLACE (city or town).	- Typerience			
(State or country)	Neme of operation Dete of			
15. MAIDEN NAME Not bus	What test confirmed diegnosis? Was there en eutopsy? NO 23. If death was due to external causes (VIOLENCE) fill in elso the following:			
I 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19			
(Stete or country)	Where did Injury occur?			
17. INFORMANT Elizabet Liboon (Address) Palto m	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
18. BURIAL, CREMATION, OB REMOVAL	Manner of Injury			
Plece Valle falls Score Date 1 3 , 1935	Neture of Injury			
19. UNDERTAKER blem. Maylende	24. Wes disease or injury In eny way related to occupetion of deceesed?			
(Address) Lovadlow and	If so, specify			
20. FILED 2/13 , 1935 Camaleur	(Signed) Clarpus Clotheld M.D.			
Registrar.	(Address) Chaplic Yrd			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage Peritonitis July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroentcritis 1 year